RSVP Monthly Report

| For the month of | 200 |
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No Reimbursement for reports received after the 8th of the month.

| Name_ | | | | Phone | | |
|------------------------|----------------------------|---|--------------------------------|---|------------------------------|------------|
| Please Pı | rint | Last | F | irst | | |
| Do you | wish rei | | nileage, m Pass and | /or meal receipts. | Yes | No |
| IF YO | U DO N | | | WILL NOT BE REIMBURSED. | | |
| Date | Hours | MILEAGE: Round trip from home to station only | Meals: Dollar Amount | VOLUNTEER ACTIVITY/ASSIGNMENT | Date Rec'd Not Registered | |
| | | | | | Status | |
| | | | | | miles | s X |
| | | | | | _ = \$ | |
| | | | | | Meals | |
| | | | | | Bus | |
| | | | | | Other | |
| | | | | | Check Amount | |
| Front | | | | | Initial | |
| Total Back Total | | | | | Director | |
| Totals | | | | | QUESTION | NS?? |
| Voluntee | r's Signatur | re | | Date: | RSVP Phor (408) 979-7 | |
| | | are | | Date: out signatures will be returned unless the volunteer of | RSVP Fax I (408) 979-0 | |
| | upervisor is 1 (RSVP) R | reporting "0" hours. If yetired & Senior Voluntee | you have any r Program * 5' | questions, please call RSVP at (408) 979-7906 730 Chambertin Drive, San Jose, CA 95118 d Services, Office on Aging, City of San Jose | RSVP Form 11 | |

| Date | Hours | Mileage: Round Trip from home to station only | Meals: Dollar Amount | Volunteer Activity/Assignment |
|----------------|-------|--|----------------------------|-------------------------------|
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| Back Totals | | rd to front of roport | | |

Please carry totals forward to front of report

The following instructions to volunteers & supervisors are required by Federal guidelines and RSVP:

- 1. **Monthly Reports** must be signed by both the **volunteer** and **station supervisor**. If reports requesting reimubursements are received without the supervisor's signature, **they will be returned for signature**.
- 2. **Mileage reimbursement** is **round trip from home to the volunteer's work station only**. Volunteers are allowed a maximum of **75** miles per month (20 cents per mile) for maximum mileage reimbursement of **\$15.00**. **The YES box on the front of this report must be marked for reimbursement.**
- 3. A minimum of 12 hours of volunteer service per month, **at a registered RSVP site**, is required for reimbursement. Volunteer hours should be broken down by hours worked each day. No ditto marks.
- 4. Bus pass reimbursement will be \$8.00 per month. Please attach either a copy of the monthly sticker, or the proof of purchase card. Meals: Nutrition sites and bag lunches are not reimbursable. Four hours of volunteer service are required to be reimbursed for a meal. Meals will remain at a maximum of \$10.00 per month (\$1.25 per meal). Please attach receipts to report and mark the YES box on the front for reimbursement.
- 5. No checks will be written for less than \$3.00. CHECKS ARE ISSUED EVERY TWO MONTHS.
- 6. If a volunteer has no hours for a month (due to illness or vacation), please send in a monthly report with **zero hours**. A maximum of three consecutive zero monthly reports will be accepted. **If a volunteer does not report for three consecutive months they will automatically be withdrawn from the program**. Reinstatement requires three consecutive months of reports showing hours volunteered, no reports with zero hours will be accepted.
- 7. Rates for volunteer reimbursement may change without notice due to budget constraints.